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ORAL HYGIENE

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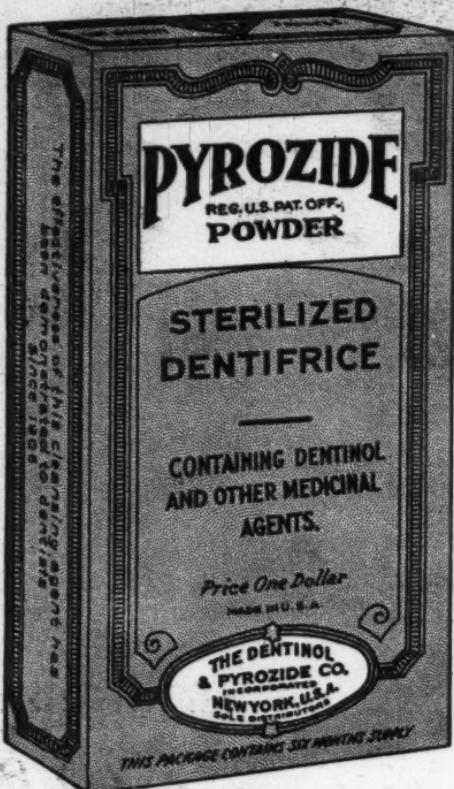


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CONTENTS

November 1928

Practice

A REPLY TO DR. BONNEY - - - - - 2117
By *Vance Hasty, D.D.S.*

"ASK ORAL HYGIENE" DEPARTMENT - - - - - 2123
By *George R. Warner, D.D.S.*
and *V. Clyde Smedley, D.D.S.*

Business

THEY'VE GOT TO EAT - - - - - 2094
By *Bartlett Robinson, D.D.S.*

COLLECTIONS—A DIAGNOSIS AND A TREATMENT—
PART I. - - - - - 2108
By *E. Frank Miller.*

General

DR. FLORESTAN AGUILAR IS CREATED VISCOUNT - 2093

ORAL HYGIENE IN JAPAN - - - - - 2097
By *Tamejiro Kawakami, D.D.S.*

ORIENTATION ON ETIOLOGY - - - - - 2098
By *L. A. Jessen, D.D.S.*

THE DON HEROLD CARTOON - - - - - 2106

KOHINOORS - - - - - 2115
By *John Philip Erwin, D.D.S.*

CHILDREN EDUCATED IN VALUE OF SOUND TEETH
THROUGH RED CROSS EFFORTS - - - - - 2116

HIS GREAT HOUR - - - - - 2122
By *Clarence E. Flynn*

FACTS AND FANCIES DOWN IN DIXIE - - - - - 2127
By *C. Edmund Kells, D.D.S.*

EDITORIALS - - - - - 2130

LAFFODONTIA - - - - - 2136

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A JOURNAL FOR DENTISTS

EIGHTEENTH YEAR

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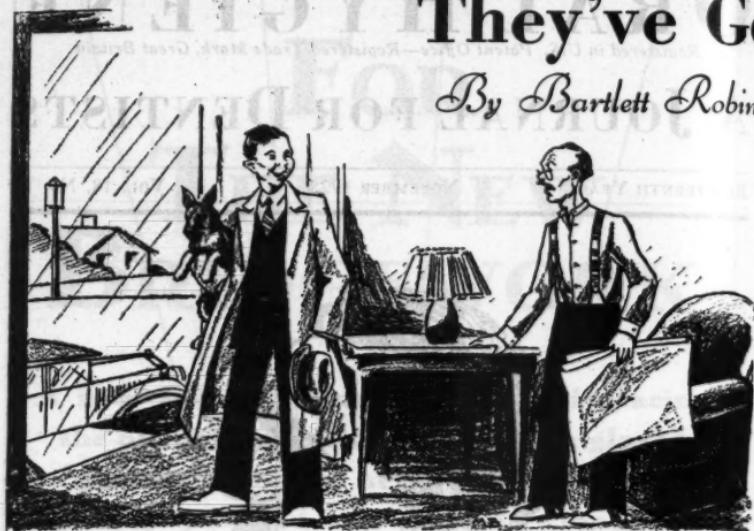


Dr. Florestan Aguilar of Madrid, Spain, has been created a Viscount. His title is Conde de Casa Aguilar. Many honors have come his way during the last few years.

At the Seventh International Dental Congress at Philadelphia in August, 1926, he was elected President of the International Dental Federation and the University of Pennsylvania conferred an honorary degree upon him.

They've Got It

By Bartlett Robinson



"Oh, no," sez he, "I've got the closed car tonight."

I DON'T remember whether I have ever mentioned it, but shortly after I graduated from dental college I practiced for a few months in a little town of a few thousand people, and I left there because I felt that there was no chance for a dentist to make a living in any place with less than half a million people.

Now, at the state meetings and the alumni clinics, I meet some of my classmates who have spent their professional lives in the so-called "tank towns," and let me tell you, brethren, some of those chaps are doing a lot better than most of us in the cities.

True, they may not be making as many Akers' cases as we are, and they may not take in near as much money as some of

us, but a lot of them have more money left after they pay their expenses than we city lads have. And that's really all that counts.

You have all heard of the merchant who said that he lost a few cents on every sale that he made, but he made so many sales that the volume of business took care of the profits.

A lot of us dentists are like that fellow, just because we see a lot of patients and let a lot of money pass through our hands, we think we are big, high-powered successes.

Now I'm not going to preach my usual sermon on economics this time, I'll give that a rest for a while, but I'm going to tell about some of the things I've discovered about the people, and incidentally the dental prac-

Go Eat

Robins, I.S., New York City

tices, in some of the smaller towns of these United States.

In the first place, the people in the villages must eat. And they do eat, at least as often and as successfully as the average person in New York, Chicago, or anywhere else. And they pay just about as much for their groceries as the city folks.

Now to some of you old-timers that may sound funny, but it's true. The village folk eat the same brands of canned hay and pickled frogs' legs that are advertised in the national magazines, and they often pay more for them than the city dweller does. The chain stores have not as yet invaded *all* the little towns.

With a golf course or two in almost every town of more than two thousand, the small-town man has not time to raise a garden, so he buys his stuff in boxes and cans like the rest of us.

And when he goes to buy a car, who gives him a discount because he lives in a little town? The only fellow who seems to feel sufficiently sorry for the small-town man to give him stuff for less than it's worth is the dentist—and perhaps the physician.

Why they do it is just as much of a mystery as why they do lots of other things.

How can any dentist tell which patient can afford a gold denture and which one cannot? He can guess at it, but after conversing with a number of my professional brethren who did some guessing as to the probable outcome of a certain event at Churchill Downs, last May, I think most of them are pretty poor guessers.

I'm reminded, somehow, of a fellow I sold a pedigreed dog to a few years ago. He drove out to see the hound in one of those open-faced Fords from which newspapers are thrown in the residential sections. He and his car were two sorry looking specimens. Inquiry revealed that his business was delivering newspapers in one of the less prosperous sections of the city.

Being a dentist, I felt sorry for him, and did not ask him the stiff price I had hoped to get for the dog. I was rather surprised when he said he'd buy him, and he paid me a deposit and said he would return with the rest of the money the following evening.

The more I thought about him, the sorrier I felt, and I had just about decided to cut the price some more.

Well, the next evening, when he came to get the dog, it was raining to beat the band, and so I asked him if he had not better come back some other time to get him, as I felt the poor mutt would be drowned if he had to ride home in that open hoopie.

"Oh, no," sez he, "I've got the closed car tonight," and I

looked out on the drive and saw a Packard that shone like a newly polished crown.

And I found out later that the old boy was worth more than any three average dentists combined, which is not an awful lot.

But that taught me a lesson; never judge a man's ability to pay a bill by the way he looks or even by the business he's in.

So when I hear some of the fellows from the smaller towns complaining that they cannot make any money because they cannot do the kind of dentistry that pays, I ask them how they know they can't, and in nine cases out of ten I find that they have never tried. They are tak-

ing somebody else's word for it, and they are afraid to step out and see what they might be able to do for themselves.

I will admit that there are not as many prospects in the small town as in the larger ones, but there are enough to keep any good dentist busy, no matter how fast he can work.

Some people have the idea that all the good dentists are in the cities, but that is due entirely to the small town dentist's own idea of his own value to his town.

His office should be just as nicely furnished as the city practitioner's, and he should try to render the same service and obtain the same fee.

Articles in General Magazines

Editor ORAL HYGIENE:

The article by Gilbert F. Livermore of Oskaloosa, Iowa, on "Co-operative Effort to Increase the Dentist's Practice"**—is a good one—I am heartily in accord with Dr. Livermore's views. If we could—and we alone can—educate the people to appreciate good dental service, and pay fees in proportion to service rendered, we have not only helped ourselves, but the general public also.

Why could not our national organization sponsor articles in the *Saturday Evening Post*, *American Magazine*, *Time*, *Literary Digest*, and stress the slogan "See your dentist twice a year"—along with some explanation relative to x-rays annually, for thorough examination of the mouth and teeth?

I think Dr. Livermore has hit the right way, and I for one would like to see it tried and I am willing to contribute, as I feel sure the vast majority of the men would be glad to do, if brought forward and sponsored by the A.D.A.

I read every issue of *ORAL HYGIENE*—from "cover to cover"—and like it very much.

Respectfully,

ELLIOTT C. STEVENS, D.D.S.

Champaign, Ill.



Japanese children receiving dental care in the Club Dental Motor Clinic which is supported by Mr. Taichi Nakayama, one of Japan's leading philanthropists.

Oral Hygiene in Japan

By Tamejiro Kawakami, D.D.S., Chief of Staff, Dental Dept., Nakayama Culture Institute, Tokyo, Japan

MR. TAICHI NAKAYAMA, one of Japan's leading philanthropists, established the Nakayama Culture Institute in January of 1923 in Osaka, Japan, with a branch office in Tokyo.

His philanthropy also includes the establishing of school dental clinics in more than a dozen of the primary schools of Tokyo and Osaka. There are six departments in the Nakayama Culture Institute of

which the Dental Hygiene Department is one of the most prominent.

During 1927 the Dental Hygiene Department of the Nakayama Culture Institute gave 444 lectures and held 329 oral hygiene cinema parties. The lectures were delivered by the ten staff dentists of the Dental Hygiene Department.

The total audiences of the lecturers was 262,763 and of the cinema parties 520,390.

Orientation of

By L. A. Jessen, D.D.S.

WE know that bacteria cause disease. It can be and is constantly demonstrated that certain specific organisms cause certain specific pathological conditions in our living bodies. We might better say generally cause these conditions.

RESISTANCE

There are many casual organisms that do not conform to Koch's postulates. It appears that those organisms which chiefly concern the dentist are of the types that do not. Even in specifics, does the mere presence of the foreign organisms constitute the disease? Your answer is that many are present, but few are chosen. Also that their ability to cause demonstrable disease would depend largely on the habitual or temporary condition of the host.

May we then state that the condition of the body, its degree of vitality—the relative position of its gross and microscopic elements, govern the individual's resistance to the invasion of "casual" micro-organisms?

What in turn governs this resistance of the body? What forces of Nature are at work, which tend to maintain or to destroy the resistance of the old shell in which we have our being?

What are the conditions necessary for the more perfect op-

eration of that branch of therapeutics known as *Vis Medicatrix Naturæ*? There are beyond doubt certain conditions necessary to its operation. These conditions have apparently long been known to wild animals. Domesticated animals have this knowledge to a less extent. Man seems to have lost it with civilization.

It seems that savage humans possess stronger and more vital bodies than do civilized men. Or they do until they come in contact with the so-called Nordic civilization. After which, rifles are entirely superfluous. Even though they retain their own customs and habits the specifics will in time decimate them.

INVASION

It thus appears that the body of civilized man has finally so adjusted itself, that while it is subject to many and constant indignities, it does possess the power to prevent utter ruin and death until a period somewhat later than middle life. We might list some of these indignities as follows:

1. Hourly and daily infection.
2. Certain dietary imbalances.
3. Deprivation of all sun's rays.
4. Insufficient exercise to use ingested foods.
5. Hypoplasias due to pre- and post-natal conditions.

Etiology

D. D. Santa Rita, N. M.

Let us consider these points in order named.

Hourly or daily infection-rate of entrance: These foreign organisms enter us via (a) air, (b) water, (3) food, (d) contact with other extraneous substances.

Of the air-borne microbes the cocci predominate. Fixing the tidal air at 500 cc. and the rate at 18 p.m., with, as stated by some authorities, 5 cocci per liter, we have, when we are at rest, but 45 microbes per minute passing into the respiratory tract. At 686,000 cubic inches every 24 hours, we have 11,246 liters of air containing 56,230 micro-organisms entering the air passage in 24 hours. As to how many promptly turn around and leave, the deponent sayeth not.

Heavy exercise, or coughing, or sneezing, in the room increases the number greatly. The latter would run our figure into the millions on close personal contacts. Continuity of structures adds to this in both number and character when we consider those structures which connect the oral cavity with the respiratory tract.

MOUTH

The oral cavity receives both the air-borne organisms and those which enter with food, drink and through other contagions. The contents and flora of the oral cavity are entirely

AUTHOR'S FOREWORD

The purpose of this paper is to create a picture of the food orifice as seen by the dentist. Also to attempt the orientation of certain psychological processes regarding etiology.

While it is true that my knowledge of general medicine is very limited, certain facts and factors must be mentioned in order to approach the subject. Time and lack of knowledge prohibit the production of a more erudite and complete treatment of it.

different from those of the respiratory tract. Certain areas get no air, absence of rapid evaporation, saliva mixed with the mucous, the presence of the teeth with their numerous adjacent crypts and crevices, fluctuation from alkalinity to acidity and the return to alkalinity every six hours or so. The long period of acidity at night. All these things tend to produce this difference in bacteriologic condition. The mouth breather gets a much higher dosage of air-borne microbes eighteen times a minute placed in his food orifice. His mouth and teeth both seem to suffer more.

It is conceded that the oral cavity habitually contains more varieties and a greater number of micro-organisms than does

any other body cavity. Some of the mouths that dentists examine are so exceedingly foul and putrid, that we are put to it to understand how the individual can carry on as well as he does. Contrary to popular opinion, many highly trained individuals, who are seemingly very intelligent (since they agree with us in most things) make little attempt to keep the mouth clean. Many of those that make the attempt have such a poor idea of what they are supposed to be doing, that their efforts, while helpful, are almost futile.

I have no doubt that the basic causes of dental caries and "rotten-mouth" are identical with those which medicine is now searching for, that is, those causes which prevent the operation of the well and favorably known *Vis Medicatrix Naturae*.

While water does not carry as many bugs as does food we will not take it up. This in spite of the fact that this well known mixture of gases is oftentimes even used for the purpose of removing bugs or their pabulum from various surfaces of our bodies. "If natural waters contain more than 500 microbes per cc. it were well to consider its source and to regard it with suspicion. Ten B. Coli per cc. is a serious pollution." As we take around 2000 cc. of this substance daily, ten per cc. would give us but 20,000 new micro-organisms daily, which pass through the mouth into the stomach. We thus introduce new strains four

or five times daily. The container also plants a few.

FOOD

Our foods are of course contaminated—one might even say, and rightly so. Modern foods have been sterilized for long storage until they are no longer adequate. My friend Mr. Lilly says: "A food that will not spoil is not fit for human food." I have the idea that his statement contains a great deal of truth. Particles of food with their accompanying organisms lodge in spaces and crevices about the teeth, where at body heat, first alkaline and then acid media, with plenty of moisture, they should be and apparently are, judging from their odor, very prolific sources of bacterial growth. We have both aerobic and anaerobic localities within the oral cavity.

DIETETIC IMBALANCES

Since one cannot grow a healthy beast on all day suckers alone, it is logical to believe that our bodies cannot properly build or maintain themselves unless proper materials are at hand for such building or maintenance.

The enamel of the teeth (the geological structure of the animal body), like stones or like the shells of crustaceans, has the power to register more or less permanently the damage done by hypoplastic conditions. While, under improper conditions, it will break down, it lacks the ability to repair the damage, as do osseous and soft tissues, and even the dentine of the tooth,

in less degree is built in or destroyed by the odontoblasts or clasts from extraneous or reflected stimulæ.

Improper or inadequate building material while yet the individual is *en utero* is more easily detected in the teeth (especially the enamel) than in other tissues. We more easily see the effects during post-natal life in the young. We are all familiar with the dogey or the runt as seen in animals. We apparently lack the ability to see the dogey *homo sapiens*. (Why they call him *sapiens* I am unable to say. Only those that agree with me are really bright. The others in due time are cursed with the black curse and consigned to the hottest corner of Hades.) Growers and breeders of animals (I have known many men engaged in husbanding animals) know that if the animal is stunted at a certain growth period, it cannot recover the growth lost. They also know that if this continues from one generation to another the long horn type will result in cattle. I do not state that this causes the long horn of the steer. I mean type. Many mutations develop where the exigencies of life demand them. All life is tenacious and makes a brave fight to adjust itself to changing environment. Pot bellies are necessary in New Mexico. I am speaking of range animals and not of the *homo sapiens*.

The enamel of the teeth of modern man is very often hypoplastic. The lobes of the form-

ing teeth fall a bit short of proper juncture. Like a miniature cleft palate. There is a crevice on the chewing surface or a small round hole elsewhere, which produces the unphysiologic space.

The stagnant contents of this unphysiologic space cause trouble, in mouths that are not immune to dental caries, at that particular period.

There seems to be a difference in the deciduous teeth and the permanent teeth so far as these hypoplasias are concerned. The deciduous teeth do not show the same lack of proper formation in their enamel. Nor have I ever observed the mottled stain of the Sierra Madre in the deciduous teeth.

It is apparently true that faulty diet on the part of the mother causes the fetus to call for calcium from the tissues or blood stream of the mother. The fetus seems very grasping and selfish. Perhaps by the time the deciduous enamel is formed her calcium index is rather low, but not before that time. He does not get quite all he needs very often, which is fortunate for the mother, otherwise the results might be disastrous.

Most dental authorities claim that the Hutchinsonian tooth is not an invariable sign of congenital lues. They claim that any exanthametous disease can cause this damage to the ectodermic tissue of the tooth germ. The enamel forming at the time makes a permanent record of the damage done at that point.

I have wondered if lowered calcium index might not be partly responsible for the exacerbation seen in tubercular mothers at times. Children suffering from malnutrition, either pre- or post-natal, do not get their teeth on schedule. They are as a rule tardy.

Decay of the deciduous teeth undoubtedly causes great damage to modern children. It is far more difficult properly to fill these teeth, if for no other reason because of their greater constriction at the neck. Many children today are never free from infection in mouth and throat from the age of three and a half, to adult age and beyond. As to the adult mouth and throat, I regret to say that a rather high percentage are far from clean. Mouth cleanliness can be produced by proper systemic condition just as the cleanliness of other body cavities is taken care of. I do not mean freedom from micro-organisms.

CONTAGIONS

The mouth comes in contact with many things. We might enumerate air, water, food, other mouths, vessels, fingers, and last but not least the modern tooth brush improperly cleansed after use.

"A standard milk should be free from pus and should not contain more than 10,000 bacteria per cc." This would be grade-A milk. Grade-B: one million germs per cc. must be so pasteurized that it contains

not more than 50,000 bacteria per cc. when delivered.

One naturally comes to the conclusion that the saliva of many individuals will not grade as high as B. It should be pasteurized so that not more than 50,000 are present when the saliva is delivered to the stomach. We take about 60 cc. of saliva per hour, approximately a liter in 24 hours. Snoring while asleep might cut this down somewhat. Inflammations in the mouth increase it and change character. At any rate we can compare the amount of saliva with the quart of milk we should drink daily. As to quality the milk might be the cleaner. Some mouths no doubt produce a saliva that would be comparable to grade-D milk in bacterial content. If infected milk is injurious to one's health, it seems logical to believe that heavily infected saliva might not be entirely harmless.

DIET

The swing of the seasons and consequent change in diet must surely cause certain changes in all life. Change of temperature alone does not cause the bull to send forth his challenge to all and sundry. It is claimed that the iodine content of the thyroids of sheep and goats varies greatly with season. Those feeding between May and November having about twice as much as those feeding between November and May. It is not reasonable to believe that the thyroid alone is thus activated by

the new growths of spring. Our foods are no doubt more sterile today than they have ever been in the history of the world. Many of our articles of food are now so prepared that they will keep for more than a lifetime. They will not, however, sustain life. The things we eat are too long away from their sources. I have seen canned goods that must have been older than am I, the specks of many summers upon them.

We have only in the past few years begun to listen to those men who are digging these things out for us. Our food manufacturers are beginning to listen. They are, however, still on the caloric basis as sterilization, bleaching and processing are essential to the successful storage of their products. Other arrangements for distribution will have to be made before they can sell us the necessary vitamins for our daily consumption.

Savages and wild animals follow their food. Where the food is, there are they. Civilized man cannot do that. In the light of present knowledge we claim that one can either eat this energy or absorb it directly from the sun's rays. Foods long stored lose most of it as do foods high heated for long periods of time. Man in the tropics receives his sun bath whenever he wants it, the Eskimo must force eat his during six months of the year. In years gone by he subsisted on meats only as do some of the African tribes. The latter also used milk. Their teeth did

not rot out, nor were they lost before true senile decay set in. I am told that the white man's flour and canned goods have changed things for the Eskimo. His teeth are rotting out and many other diseases have attacked him.

There are many factors that point to diet as one of the basic causes of the now generally prevalent oral diseases. Mere loss of the teeth by civilized man would not be so bad. The long train of secondary infections is however a vastly important factor in the destruction of public health and efficiency. The average individual today carries too many faults or leaks in his protective shell. From $3\frac{1}{2}$ years upward many of them are never free from infection in tonsils or teeth. Tonsils bathed in foul saliva would, one would think, be more prone to infection than those bathed in saliva from a clean mouth. Nor can the mouth remain very clean if the tonsils are filled with foul plugs which are only removed when extruded by underlying secretions.

SOLARIZATION

No other omnivorous animal remains in the shade as much as does man. Fifty per cent of our people are now classed under urban population, but many of us who live in smaller towns have little opportunity to sit and whittle.

The herbivores are most exposed to the sun, the carnivores perhaps less so. They both seek the shade in hot weather and the

sun in cold weather. Exposure to the sun's rays activates our foods as well as our bodies. We can eat this energy or absorb it.

The cave dwellers of our larger cities are forced to eat it or buy an ultra violet lamp. They cannot maintain their place in the sun. Then too, one is always subject to arrest for indecent exposure of the person, except on our beaches or in the beach towns. Thermostatic equilibrium seems also to be a factor in our ability to frustrate our besiegers. We live in overheated atmospheres. We are in a constant state of siege. When the enemy has infiltrated into the city he is at all times watching for a weak point. If these lines of defense lack proper basic construction their penetration is often accomplished.

PHYSICAL EXERCISE

I believe that it is true that not only the ingestion of proper foods is necessary to health, but that also these materials must be used by the tissues. While it is true that that which enters must depart, the tissues should not be handicapped by too much effort at excretion. We all eat too much and exercise too little. If the old carcass is so busy throwing out substances that are not needed it would seem that metabolism is greatly retarded. All excretory organs are overloaded, toxins render the individual cell sluggish, body fluids are changed in character, microbes grow better in the stagnant areas. The tempo of

the body is greatly slowed. The universally present bugs are enabled to colonize in larger numbers. The house dog suffers from caries of the teeth, "pyorrhea," kidney troubles. The more specialized or highly trained tissues break down first.

All animals in captivity show certain retrogressions, and they are more subject to "casual" infections. Their mouths are more or less foul and they are indicative of their general condition. The offspring of animals in captivity also show certain defects in structure and in function.

THE FOOD ORIFICE

In reading over current dental literature one is impressed with the fact that many men all over the civilized world are working on the mouth problem.

They are attacking it from every conceivable angle. I understand that the Hygienic Laboratory of the U. S. Public Health Service will soon be in position to take on this work also. To my mind, they will, if they solve the mystery, bring to light some rather simple and apparently minor factors that in our day of ultra-scientific worship we have entirely overlooked and failed to recognize as being of any import. We have set up a false god. He is well gilded and awful to look upon. His powers with the super gods seem to be rather limited. The simple fact that science has accomplished so much for humanity — medicine most of all — does not mean that we have reached our goal. The

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truths of today will be just as false and untenable in 50 years as were the well recognized truths of 50 years ago. Facts do not change. Interpretations of natural phenomena do change. Human intelligence changes.

We observe man staggering along through the ages carrying his weighty burden. When his body fails he calls loudly for succor. Until he is down, and later recovers, if he does recover, he stops not to thank God that he can this morning again stand on his hind legs. Nor does he realize the miracle of it.

The mere fact that the dentist is supposed to treat the diseases of the food orifice of human kind does not mean that microbes and natural laws recognize the man-made legal boundary. There is no difference between that orifice and any other so far as natural law is concerned. The solving of this mystery of the decay of the vital oral tissues of modern man is a strictly medical problem. Fortunately dentistry has many men who are trained in general medicine as well as in other lines and professions. Being an optimist I see great and far-reaching results forthcoming in the near future. We must all live *en la mañana*, the present does not suffice. The modern oracle is now being created. The correlation of present knowledge will solve some of our problems, will

give us clearer vision, and more balance. We will lose sight of detail and produce a broader vision. We will correct our myopia. When we compare the condition of the paleolithic man with modern man, the great acceleration in our progress today, we can but conclude that the dentist will some day be able to tell his patients why their teeth decay or drop out long before middle age is reached. We are today repairing visible damage to the best of our ability. We recognize the fact that hidden crypts and sheltered areas harbor stagnant contents where acidophytic anaerobes thrive.

We attempt to instruct our patients that these areas must be kept free of their contents and accumulations. The mere presence of microbes does not constitute the cause of the chronic diseases with which we cope.

The conditions which govern the ability of the constantly entering and universally present microbes successfully to colonize and live, are the governing factors. These causes are systemic and not at first local. Many germicides kill on contact. Sad to say they cannot always make contact with the enemy. We must depend on artificial cleansing in order to frustrate the activities of our microscopic universally present friends—until such time as the true word is found.

stem-host-gnawed tooth-in-tooth
the original of the old, aged
teeth without any loss of teeth
or the teeth, the old, aged
and gnawed old, aged teeth
have nothing to do with
the new and robust teeth
that come in of good shape
no teeth and such teeth that
don't need to be cleaned and
cleaned, the old, aged teeth
are old, aged teeth in the old
against old, aged teeth, the old
old teeth are to be used old
old teeth, but old, aged teeth
and new teeth in
the old teeth, but
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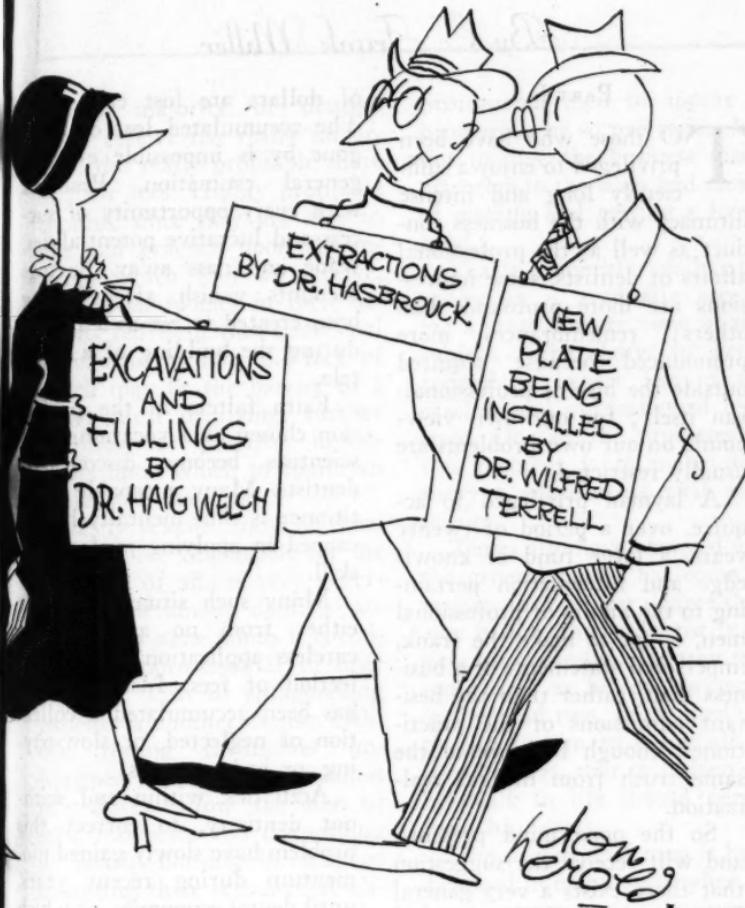


If dentists advertised their work

Drawn for ORAL HYGIENE by Don Herold.

COLLECTIONS

Parodontics: Signs of Infection
and Treatment



work
in-process as building contractors do.

COLLECTIONS

A Diagnosis and a Treatment (In Two Parts)

By E. Frank Miller

PART I

TO those who have been privileged to enjoy a sufficiently long and intense intimacy with the business conduct as well as the professional affairs of dentists, some impressions are more profound than others; remembrances more pronounced because acquired outside the bias of professionalism itself; for our own viewpoints on our own problems are usually restricted.

A layman privileged to acquire, over a period of twenty years, a large fund of knowledge and information pertaining to the affairs of professional men, is apt to make the frank, impersonal statements of a business man, rather than the hesitant admissions of the practitioner, though both sound the same truth from mutual realization.

So the open mind presents, and will receive the suggestion that there exists a very general lack of methodical, practical and efficient effort on the part of dentists to secure commensurate remuneration.

Is it exaggeration to say that it is only dentists and physicians as a class who are thus lax?

Thousands upon thousands

of dollars are lost each year. The accumulated loss of years gone by is impossible even of general estimation. Practices with every opportunity of success and lucrative potentialities, wane and pass away. Savings accounts vanish after having been created to act as a reserve during the building of a clientele.

Faith falters in the profession chosen as a vocation. Able scientists become discouraged dentists. Many a capable practitioner is thus mentally handicapped in applying professional skill.

Many such situations result either from no attention or careless application to the collection of fees. Instead, there has been accumulated a collection of neglected, or slow-paying, or bad accounts.

Activities, within and without dentistry, to correct this problem have slowly gained momentum during recent years, until dental economics, of which the collection of fees is a part, is now a subject taught many an embryonic dentist, as well as being emphasized, by various mediums, to practitioners already established.

The fact is receiving increased recognition that the far

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Presenting a series of 36 collection letters for dentists' use.

greater majority of dentists never receive the really important, the really profitable share of their fees. Highly profitable because, since they are able to live and practice upon the incomes which they *do* receive, the *unpaid* monies in their accounts represent that additional increase in income, the lack of which may be the barrier to a better ideal of living, further facilities for practice, investments upon which to found an estate, and luxuries.

Many reasons, most of them illogical, are responsible for the sad state of affairs very generally found among dentists' accounts. In some minds it is considered unprofessional to urge payment. Fear of antagonizing patients is another excuse. Others, feeling themselves unequipped for regular business procedure, follow the line of least resistance and do nothing or nearly nothing by way of collecting their accounts. A clientele, which has been permitted to pay as it may please, in reality has been *trained* by the dentist himself to ignore one of his most important needs, *his income*.

There are also those who suffer the hallucination that it is the traditional attitude of

professional men to appear so prosperous or so professional as not to give the business man's attention to the ways and means of making and getting a livelihood.

Yearly, monthly, daily, the profession is gradually accepting a more modern view of this subject. The laity is being trained to expect less of the careless and old-fashioned leniency. One of the problems at this moment is to make dentistry a vocation as well as a science.

Times also have changed and the general public has come to realize, to a greater degree than ever before, that a dentist practices his profession for two reasons: one, as his chosen work in life; and two, as the medium to permit him to enjoy all of those things that a citizen in his walk in life should derive from his labors.

The professional man is handicapped in many ways when he begins practice (or business). He cannot incorporate and establish a working capital, nor solicit, nor advertise. He must make a large personal investment in facilities to practice—then wait.

That he should be retarded, held up and slowed down after

he does begin work, is an unjust position for him to be placed in by his patients and an unfair state for him to assume.

It is presumed that there is a happy medium of acquiring all of the hereditary and ethical attributes of a successful dentist and also gain and retain the friendly respect of an ever-growing clientele by the modern and business-like conduct of practice.

Mindful of all the methods used by careless as well as by more thoughtful dentists and not forgetting the customary ways of assistance through collection agencies, nor omitting considerable familiarity with a number of special systems now in vogue: out of the volume of experience, knowledge and observations upon which these thoughts are predicated, has been born what is believed to be a decidedly different and more economical manner by which to solicit payment from patients.

Outstanding accounts can tactfully be kept alive instead of neglected. It is neglect that "kills" many of them. All are susceptible to friendly reminders instead of cold monthly statements—or none at all. Patients can be sold on the idea of payment instead of being forced by urgent letters or black-jacked by threats—and still be retained as future patients and the source of further patronage, rather than being antagonized.

Patients are human beings, yielding readily to all of the moods and emotions of any other person, rather than a commodity to be dealt with as such.

Systematically applied effort, personal attention and courteous reasoning will accomplish more to secure the delinquent money, and keep and secure patronage than any other medium that can be adopted by the profession.

As a basis upon which to practice this contention, herewith is presented a series of letters, which if used according to instructions and in the attitude hereinbefore expressed, will assist in actual dollars and cents to accomplish that which so many professional men do not undertake through oversight or neglect or lack of method. For those who believe themselves already organized to secure the same results, these letters will assist materially, and possibly augment any system now in effect.

It is proposed to play upon the moods and emotions of human beings to the end that they will act toward the dentist the same as they act toward any business man or firm—recognize that professional service is an obligation for which they must pay in regular turn and with equal promptness.

The letters must be sent out personally by the dentist on his own letterhead, from his own office, either written in long-hand (they are reasonably short

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for that purpose) by the practitioner without an office employee, or by his secretary if he has one, or by a stenographer employed for that purpose, devoting a day or so now and then to this work. The letters must have the dentist's personal interest, identity and intimacy if he is to derive from them the full benefit anticipated. The selection of the individual letters and the sending of them must be so systematized as to seem almost automatic—yet the thought and work involved is simple enough not to be in the least bit arduous.

First, establish a never-failing rule to keep a systematic and accurate record of your accounts.

Have a definite plan of sending out statements the first of each month to all patients where your employment and service so permit.

Keep a memorandum, by number, of each letter as it is sent to each debtor so that your records may show a history of your collection activities.

LETTERS 1 TO 12 INCLUSIVE—are rather short and seasonable letters to be sent the first of the month following the rendition of a statement. It is too frequently the habit to send nothing, or else just another monotonous statement.

These monthly letters are so different that they will attract attention to the unpaid account in a manner not so easily disregarded nor forgotten and yet in

so friendly and unique a manner as to create friendship rather than hampering the pleasant relationship of dentist and patient.

There is a different one for each month of the year, pertinent to the season, so that the collection method may always be a current subject. Undoubtedly thousands of bills remain entirely unpaid or remittances are delayed because of carelessness on the part of the patient which, in turn, is largely due to the inattention of the dentist. Just a little memory jogger is all that is needed in many cases. The first twelve letters are merely reminders.

These monthly letters should be selected appropriate to the month thirty days after the statement has been sent. If the judgment of the dentist so decides, the second letter sent may be the one fitting the month after the statement has been unattended to for sixty days.

Possibly the third letter of similar style ninety days after the statement may be sufficient to the occasion, although it is suggested that only two, and in any event not over three, of this particular series be sent before following up with letters 13 or 14 or other letters better fitting the situation.

LETTER No. 1

(Salutation)

If you are to have just a Happy and Prosperous New Year, of course that is a full measure; but, I hope the New Year holds for you all that you expect from it—and

that's more. If we never anticipate anything; have no vision; nor the pleasure of hoping or wishing, life is apt to be monotonous: each day a routine string of hours without much joy.

And so I am hopefully expecting a remittance from you as one of the things the New Year holds for me. You have my statement for \$—, for professional services and I would be very glad to have your check by return mail; or if you care to stop in and pay me in cash, do so, for I would much rather see you than your handwriting.

Appreciating your various courtesies extended to me, I am

Cordially yours,

LETTER NO. 2

(Salutation)

Since the legendary meaning of February is "the month of expiation," of giving satisfaction; of atonement, perhaps it is not amiss for me to call your attention to my statement for \$— which you have evidently overlooked.

This oversight is probably more from neglect than intent, so will you please send me your check in keeping with the spirit of February and "expiate" your debt for professional services rendered.

Sincerely,

LETTER NO. 3

(Salutation)

I have been hoping to get a check from you "before the robins nest again" and I thought I heard one chirp yesterday.

If you haven't the statement for \$— for professional services which I sent you some time ago, just attach your remittance to this letter and let me have it by return mail.

Thanks ever so much,

Very truly yours,

LETTER NO. 4

(Salutation)

April showers—short stops—season's seats—seeds—sunshine—six cylinders—spring fever—when we

are going to get our vacation and where we will have the money enough to go—;

All remind me to have a full appreciation of the many distractions which cause every man [or woman] to overlook highly important business matters at this time.

Will you kindly send me a check for \$— for professional services rendered, for which I sent you a statement some time ago.

Appreciating your co-operation, I am,

Yours truly,

LETTER NO. 5

(Salutation)

It's in the air—a refreshing, rejuvenating, exhilarating, inspiring, tonic enthusiasm that puts spirits into the laggard and accelerates the energy of the busy person.

If the inspiration of the Maytime should prompt you to send me \$— to cover that statement I sent you some time ago, I could brighten up like the rest of the world does at this time.

I endeavor to be as lenient as possible with my patients and if something has prevented your sending me a remittance, just tell me about it and be assured of my further consideration.

Yours sincerely,

LETTER NO. 6

(Salutation)

June, you are an inconsistent month. You inspire us with your sense of growing and doing; and then lull us to laziness with soft sunshine and balmy air. You invigorate us with a show of newness and Nature's brilliancy—and then persuade us to go fishing. You ginger us up to the thought that it is good to live and work, and then make us "play hookey" to go to the circus.

If the mixed emotions of the season have caused you to forget that statement for \$— I sent you, perhaps you'll thank me for reminding you about it again.

Awaiting your remittance, I am,

Very truly yours,

LETTER No. 7

(Salutation)

This is the month in which we celebrate the privileges of "life, liberty and the pursuit of happiness" as declared by our forefathers to be the right of every human being.

So, to carry on the duties and the happiness of life, I am taking the liberty of calling your attention to the \$— due me for professional services.

It is so human for us all sometimes to overlook matters that we consider of minor attention among our own affairs, that which is very important to someone else. Perhaps that is the reason I haven't received your remittance. Will you please send it to me soon, so this transaction can be closed to our mutual satisfaction?

Very truly yours,

LETTER No. 8

(Salutation)

If "lazy August" is the month of your vacation, give yourself up to rest, recreation, fun and freedom from every daily care and thought. Relieve your mind and body from every worry and routine. It adds to health, happiness and years of life.

But, while you are clearing up your affairs to leave for that trip or visit, will you include a remittance to me for \$— to cover that statement for professional services I sent you some time ago?

Trusting this suggestion meets with your approval and action, I am

Sincerely yours,

LETTER No. 9

(Salutation)

September in the old Roman calendar was the seventh month; and seven in the science of words symbolizes "opportune time."

Therefore in keeping with the meaning of the current month I take this opportunity of reminding you that a remittance has not been received from you to cover that bill for \$— for professional services

which I sent to you some time ago.

I hope this is a proper matter for me to ask you to attend to at this time, because I would always feel it to be, in a large part, my fault if you neglected this obligation through oversight.

No doubt you will send or bring me a remittance or tell me when to expect it.

Cordially,

LETTER No. 10

(Salutation)

"Golden October" is a common expression at this season of the year, that need not necessarily mean the beauty of all outdoors.

Let's apply it to the transaction between yourself and myself wherein you owe me \$— according to the statement for professional services, which I sent you some short while ago.

This means more to me than the mere money involved. It will take an item of business off my mind, permit me to keep my own credit unimpaired, tell me that you were pleased with my services, and let me participate in "Golden October."

Appreciating your co-operation for a remittance soon, I am

Very truly yours,

LETTER No. 11

(Salutation)

Here's wishing that the wish-bone of your Thanksgiving Bird is covered up deep with white meat; crammed with all the stuffings, and flanked with all the trimmin's, that lend zest to your appetite and make you thankful that you are able to eat and enjoy it all.

And if the dentistry I did for you, in any small or large way helps you to this happiness, then I'll be thankful too if you will just pause a minute or two right now and send me a remittance on that statement for \$— I sent you some time ago.

Let our expressions of gratitude appropriate to the day be mutual. Thanks again for an early and favorable reply.

Respectfully yours,

LETTER NO. 12

(Salutation)

Everybody is now swinging into the happiest and most congenial season of the year. It has always been so; and I often wonder why we all unloosen a different spirit at holiday time instead of profiting by its advantages and living in its radiance all the year through.

Everybody seems to uncork whatever cheerfulness is bubbling in his

soul, and so in a cheerful humor I want to suggest that you make it a part of your good will to send or bring me a payment on that statement for \$— which I sent you some time ago. So much for money matters which I hope you will not overlook.

And in the meantime everybody at this office wishes everybody in your home the compliments of the season.

Sincerely,

(To be concluded in December issue.)

New York's New Service Clinic

A plan for a dental clinic at the Medical Center, to be in full operation this fall was announced recently, by Dean Alfred Owre of the Columbia University School of Dental and Oral Surgery, in the *New York World*.

It will have facilities to take care of fifty thousand patients a year, so that not only the poor but the moderately well-to-do can take advantage of clinical treatment.

The new Service Clinic will operate throughout the year. The present clinic is open only during the school term and cares for about ten thousand patients a year.

"The situation in dentistry," Dean Owre said, "is very unsatisfactory. Dental decay is as rampant as ever. Eighty-five per cent of school children have decayed teeth with an average of five cavities each. Much of the retardation in school, juvenile delinquency and permanent disability in children results from diseases of the teeth starting in this way."

The Dental Department of Columbia, with a floor area of 40,000 square feet is now under construction.

Editor ORAL HYGIENE:

I received your July issue of the *ORAL HYGIENE* and thank you for including my name in your mailing list. I showed it to a number of dentists here and they were all so impressed with it that some of them have borrowed it from me. Your article "How They Break the Bad News" is of great interest to us all here. I have read it four times.

With all good wishes and success for your publication

Very respectfully yours,

RAMON JAUCIAN.

Philippine Dental College, Lepanto, Manila, P. I.

KOHINOORS

*By John Philip Erwin, D.D.S.,
Perkasie, Penna.*

Foremost, fervently, and forever give thanks for those unpar-
chaseable blessings: friends, health and—friends.

The thorough polishing of the mesial and distal surfaces of six-
year molars before the bicuspids and second molars are erupted is
worth a score of thanks.

Three things the most grateful dentist is unthankful for: the
patient with a wet mouth, a squawking kid, and suggestions from
an M.D. on "How to practice dentistry."

A clean chimney and a cheerful complex keep the home fires
burning.

A small dictionary on your reception-room table will win many
silent thanks from waiting patients.

Practicing dentistry without sympathy and gratitude is like go-
ing to war without guns, rations, and courage.

It is the height of folly for the penitent prodigal to expect to
regain his squandered vigor with the extraction of a single tooth.

Your bank balance is determined not by what goes into your
patient's mouth but rather by what proceeds out of your own
patience.

Vincent's Angina is more than a disease; it is a disgrace.

The chief cause of nervousness is—nervousness.

The present need of the A.D.A. is a committee to compel essay-
ists to present facts instead of fancies.

Children Educated in Value of Sound Teeth Through Red Cross Efforts

If the coming generation proves to have better teeth than their parents, the American Red Cross will be entitled to its share of credit, along with the nation's dental surgeons and other health forces.

The American Red Cross service in this respect is both preventive and corrective. Through its public health nurses, many of whom assist in finding and correcting physical defects among school children, a large number of children handicapped by defective teeth have been referred to dentists for improvement. There are many instances in which the work itself has been made possible either by the local Red Cross Chapter in the community concerned, through co-operation with public-spirited civic organizations, or the dentists themselves. The Junior Red Cross, composed largely of school children, frequently adopts as a part of its community program provisions for such dental work.

In the field of preventive effort, perhaps the Red Cross Nutrition Service is as important as are corrective branches. The relationship of diet to sound teeth is well known, and a proper diet for good teeth and general sound health is the key-note of nutrition instruction.

Such services, and others of the American Red Cross, are made possible through the support of an active membership on the part of the whole people. The invitation to join for the coming year will be extended from November 11th to 29th this year.

A Reply to Dr. Bonney

By Vance Hasty, D.D.S., Statesville, N.C.

WITH many regrets, I am forced to take Dr. Bonney to task for his article* in the November 1926 issue about post-operative pain. Yes, I've waited a long time to do it, but, between friends, a lot of water has gone over the wheel since this was first conceived—it would take too much space to tell you the quantity, and, besides, the less said about wasted water—perhaps, the better.

In the first place Dr. Bonney attacked our beloved and venerable friend, Dr. C. Edmund Kells (now deceased); and in the second place, he does not offer any remedy for the affliction.

There is no desire on my part to enter into an argument about the matter, for Dr. Bonney no doubt knows more about post-operative pain at present than I'll ever know. However, I have a few observations (from experience) on the subject that I'd like to express, hoping that perhaps they may be of help to others.

Observation about the hospital shows that when our friend, the general surgeon, has an operation scheduled, about thirty minutes (yes, they are doing a lot of 'em under local now) before the patient is taken to the

operating room, a nurse—usually a good-looking one (why are all nurses good-looking?)—visits the patient's room with a hypodermic.

You can just bet your bottom dollar (if you have one) that the general surgeon expects, and knows that post-operative pain will follow his manipulations, and just rest assured he does something about it, for if he did not it would be a heck of a word in the hospital world; for, I observe also that the nurse on duty has instructions to employ that same little hypodermic syringe any time the patient becomes restless or the pain becomes unbearable.

While serving with the State Board of Health I had opportunity to visit in a good many different dental offices, and I found there the same attitude towards post-operative pain as expressed in Dr. Bonney's article. That is: sure you are going to have more or less post-operative pain following extractions. Everybody does, so why worry? It won't kill the patient.

As to just why there is post-operative pain following extractions, I am not sure, but I do know that I have eliminated it from my practice. It has been eliminated to such an extent that I never think about it in

*ORAL HYGIENE, Nov., 1926, p. 2069.

connection with an extraction. I cannot recall when I've been called on in the middle of the night to relieve a patient howling with pain, and I can't remember having a patient come in lately with a *haggard and hollow-eyed* expression the morning after the day before. Yes, I remove all kinds of teeth in a small-town practice, including some bad impactions.

Eureka!

How do you do it?

Simple!

In Dr. Kells' "Three Score Years and Nine" you will find a chapter on Anesthesia and one on Extractions. These two chapters are my *religion* when it comes to removing teeth. The principles and precepts as laid down in those two chapters are to me the tenets of good first-class dentistry, and I stick to 'em, and swear by 'em, six days in the week, and very often the seventh.

When a patient takes the chair for an extraction they are handed one of the little loaves of sugar with five drops of valadol camphorate on it to masticate. It may be, in some cases, a dose of ammonia, or a swig of whiskey (don't say that out loud). Even in some cases it has been a shot of something in the arm. It all depends on the kind of patient I have.

The solution is made up according to Kells, and the injection is made as per Kells. Sometimes Miss Ethel is called on to help eliminate the pain of the needle. If the patient shows

signs of nervousness—the lady is given a cup of black coffee to sip. The gentleman, well, he is invited to smoke his favorite cigarette.

The operation is executed as per Kells. Never more than six teeth are removed at one time, and where plates are to be made the teeth are removed in sections, and the alveolar walls collapsed as per Dr. Chandler.

After the operation the case is cleaned up and the saliva tube hung to place; the area operated on is packed off with cotton rolls, dried, and thoroughly swabbed with stopain, and allowed to stand for several minutes.

Then I do as your general surgeon does, make some provision for post-operative pain. The patient is handed a copy of the following instructions:

INSTRUCTIONS TO PATIENTS WHO HAVE HAD TEETH EXTRACTED

If you will just stop a moment and consider what it means to forcibly tear out a tooth which is firmly set in the jaw bone, the wonder is not that there is some suffering afterwards, but that the pain and trouble is not really serious—just uncomfortable.

The removal of a tooth is a surgical operation, just as much so as the removal of one of your fingers, and the area operated upon is abundantly supplied with nerves and blood vessels, and necessarily requires some care to prevent infection, or to control infection already existing.

Wounds in the mouth usually heal rapidly by the cleansing and healing properties of the saliva.

Occasionally the unusual occurs; the socket may not heal rapidly and

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pain follows, especially is this true in cases where the tooth was abscessed or the tissues were infected at the time of the extraction; or the margins of the tooth socket may have been strained or cracked while removing the tooth, or some sharp pieces of the bony process may have been overlooked in cleaning up the case after the tooth or teeth were removed. In Nature's course of removing and repairing this you may experience some pain and discomfort.

You may for a certainty expect some slight discomfort and pain after the operation, and the more faithfully you follow the instructions given, the more prompt will be the recovery.

1. If possible the patient should lie down for a few hours after the operation, with an ice bag applied to the face. Cold towels may be used if the ice bag is not handy. If this is not convenient, keep as quiet as possible. Avoid getting overheated.

2. For the first few hours the mouth should be rinsed frequently and continuously with cold salty water. Half teaspoonful of salt to a glass of water. It should be retained in the mouth as long as possible. If the salty water is inconvenient, use mouth wash.

3. Take the special prescription given you with these instructions according to directions.

4. Take a dose of salts soon after the operation. If this is impossible, be sure to take a dose of your favorite laxative before retiring. Take it whether you think you need it or not.

5. Keep your mouth scrupulously clean.

6. Eat light diet. Better nothing at all, but liquid food for the first day. Drink lots of water.

7. In case pain or soreness develops after the first day, salty water as hot as can be borne in the mouth should be used as a mouth wash, and antiphlogistine (get it at drug store) applied as a poultice to the face at night. Directions for

applying are with the can.

8. In case of excessive bleeding the tooth socket should be tightly packed with a clean piece of gauze or cloth saturated with turpentine, and the ice bag applied to the face.

9. Report at the office *immediately* if for any reason you are not getting along all right. If convenient, report your condition in person at the office or phone the morning after the operation.

10. With your co-operation in following these instructions it is possible to prevent a great deal of suffering and unpleasantness following the removal of teeth.

These instructions, if followed, include complete home care of your case. Any further treatment that may be necessary will be charged for at the regular office fee for treatments.

The special prescription may be in simple cases:

Pyramidon tablets (Grs. 5)
No. vi

Sig:

Take one at once and one every two hours thereafter if necessary.

Caffein citrate	grs. iss
Phenacetin	grs. xii
Aspirin	grs. xxiv
M et. ft. Caps. No. vi	

Sig:

Take one at once, one in two or three hours, and one at bed hour.

In abscesses or difficult extractions:

Codine sulphate	grs. iss
Caffein citrate	grs. iss
Phenacetin	grs. vi
Aspirin	grs. xxiv
M et. ft. Caps. No. vi	

Sig:

Take one at once, one in three or four hours, and one at bed hour.

The patient is instructed if possible to report at the office the next morning. The mouth is sprayed and the gums are

painted with stopain. If the patient complains of lassitude, is feverish, and has a foul tongue, he is instructed to take nothing but a liquid diet during the day and given the following prescription to take before retiring, with instructions to report at the office next morning if he doesn't feel all right.

Mild mercurous chloride

Phodophlyn	grs. iss
Sodium bicarbonate	grs. ss
Phenolax powder	grs. iv
Sig:	grs. viii

Take one every twenty minutes with a large glass of water.

Thus, you see, post-operative pain is expected and provision made to prevent it.

Isn't it a grand and glorious feeling to have a patient come in the next morning and say: "Doctor, I did not have one bit of trouble with my jaw last night, I slept good, and am feeling fine this morning." That happens most every day in my office. The exceptions to that statement are the bull heads the Fates fling you occasionally—and they should suffer.

Try it, and see for yourself.

Newark's New Dental Clinic

The new dental clinic in the Beth Israel Hospital of Newark, N. J., designed for service to all classes of patients, both rich and poor alike, was opened recently.

It is known as the Michael Hollander Dental Clinic, being named after the chairman of the hospital campaign committee.

The chief purpose of the clinic will be to reach that class of patients not able to pay for treatment. There is no other clinic in the East where the adult poor can obtain artificial teeth at cost or, in urgent cases, free.

The clinic will maintain a "rounds" service for hospital patients. Bedridden patients whose condition has been traced to infection about the teeth will be referred to this department.

The clinic will have its own x-ray department with an expert technician in charge. Efforts will be made to have children attending public and parochial schools whose teeth need attention, but who are unable to pay a dentist, excused from school to attend the clinic.

Dr. Casto Golf President

Dr. Frank M. Casto, of Cleveland, has been elected President of the Cleveland District Golf Association for 1929.

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Our Greatest Mother + JOIN! +

WHEN DISASTER RIDES THE SKIES

The poster which *Chapters of the American Red Cross* will display throughout the country from November 11th to 29th, inviting the people to join the Red Cross for another year, symbolizes the services of relief and rehabilitation provided by the "Greatest Mother" when disaster strikes. Throughout the past year the Red Cross has been engaged continually in disaster relief work at home and has extended assistance in many catastrophes abroad. It is now engaged in relieving the great distress brought by the Florida tornado. The poster was painted by Cornelius Hicks.



His Great Hour

By Clarence E. Flynn

He headed the procession
On many a parade.
He heard the ringing echoes
Where loud applause was made.
But naught has ever equalled
The time in early youth
When first his folks discovered
That he had cut a tooth.

He published learned volumes
And speeches made galore.
He traveled and was feted
The land and ocean o'er.
But never was the hero
So praised and sung, forsooth,
As on that vanished midnight
When first he cut a tooth.

"Ask ORAL HYGIENE"

Conducted by

V. Clyde Smedley, D.D.S., and
George R. Warner, M.D., D.D.S.,
1206 Republic Bldg., Denver, Colo.



Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

NOT HARMFUL

Q. Please let me know if ethyl chlorid has any destructive action on the mucous membrane when it is used as a spray for freezing, just before an incision is made in an acute abscess.

If you know of any other agent, besides general anesthesia, for spraying to reduce the pain of lancing, in the mouth, please let me know about it.—W.J.K.

A. Ethyl chlorid does not have a destructive action on the mucous membrane when used as a spray for anesthesia. It is probably more successful to use a nerve block anesthesia for lancing than any spray. The block is introduced at a point distant from the abscess cavity so that there is no danger of disseminating the infection and the anesthesia is much more profound than the spray anesthesia.—G. R. Warner.

WHAT KIND OF PLATE

Q. What material would be the best—as far as fit and durability is concerned—for a full upper denture? Patient is well to do, and doesn't care how much it costs as long as she gets a good plate. I have in mind either gold, porcelite or hecolite. What material would you recommend when cost is no object?—L.G.

A. It is probable that the continuous gum denture is the most ideal, however one has to be especially

equipped to make continuous gum and there is a heavy hazard of fracture after they are made. The next best is the gold plate, using some form of the condensite for the labial facing.—G. R. Warner.

BLEACH OR NOT TO BLEACH

Q. Do you think it advisable to bleach a devitalized central or lateral incisor that has been dead for several years? If so what is your method of bleaching—what do you use and how and how long generally will a tooth stay bleached?—C.S.C.

A. It is frequently possible and therefore from the standpoint of appearance, advisable to bleach incisor teeth which are not discolored from base metal pins. The 25 percent ethereal solution of hydrogen dioxide known as pyrozone has been the most successful agent in my hands in bleaching teeth. The tooth in question is isolated with a rubber dam, the canal cleaned out well up into the root and the bleaching agent introduced on cotton in the canal, filling the coronal portion as well as the root canal portion. Usually one or two sittings of an hour each will suffice to bring the tooth back to as near normal color as a pulpless tooth can be brought. In many instances this bleaching will last for fifteen or twenty years.—G. R. Warner.

BURNING DENTURES*

I was interested to see in "Ask ORAL HYGIENE" a discussion of a porcelite denture causing a burning sensation as I had the same experience with a porcelite denture. After relieving pressure over both the anterior and posterior palatine canals, I could see no improvement and was forced to make a new denture of iteco. I had no further trouble.—W.I.N.

A. It is my opinion that you just happened to get a better cure on the iteco plate. As I understand it, all of those condensite materials are fundamentally similar and contain, before curing, both formalin and phenol; either of which can cause irritation if the curing process is not complete.—V. C. Smedley.

BABY TEETH KNOCKED OUT

Q. I have taken advantage of your "Ask ORAL HYGIENE" several times and appreciate it very much. A case was called to my attention here a short time ago. A baby about seven or eight months old fell and loosened the two centrals (I think lower). These were then extracted. What is apt to be the result? Will she get her permanent centrals. I tried to find out when the germs of the permanent teeth are formed but was not successful.—B.G.G.

A. Probably if the loosened centrals had not been extracted they would have grown firm again. Very likely even retaining their vitality.

The permanent teeth germs are all in place at birth, and unless these germs were knocked out or destroyed by the fall the permanent teeth will erupt in the due time, if the space has not closed up by that time, causing their impaction. The space should be maintained and artificially increased if necessary to make room for the permanent centrals. Their presence may be determined by the x-ray.—V. C. Smedley.

*ORAL HYGIENE, June, 1928, p. 1081.

BURNING DENTURES*

Burning dentures are mostly from systemic disorders of the gastrointestinal tract, anemia or diabetes. Constipation is common to nearly all of them and hyper acidity the cause.

Many have had from five to seven dentures that burned.

The least irritating material is black elastic rubber on a very smooth model. Plates must be kept very clean. Milk of magnesia will relieve burning as a rule. Nerve pressure is not uncommon but there is no irritation or inflammation with that and as a rule a new plate will relieve that.

My worst pressure case cracked her plate and it was repaired with the crack open and all was well.—Brad.

CHRONIC ACID

Since I submitted my paper "Vincent's Infections" published in the August issue† of ORAL HYGIENE, I have had occasion to discuss it with Dr. Starr of North Pacific College of Portland, Oregon. He informed me that I was wrong in ever using chromic acid in the mouth. His conclusions were based on experiments in the clinic, of the action of chromic acid on enamel.

Since then, I have placed an extracted tooth in chromic acid for five minutes, then ten, and so on for an hour, then for two hours, then over a period of six hours, twelve hours and twenty-four hours and it takes no precision instruments to see that chromic acid is destructive to enamel and dentine. In fact it takes a great deal of the mineral out and makes an etched surface upon short exposure. I bring up this correction now hoping to beat anyone else to it.—L.J.M.

A. It would seem very important that dentists generally should know the result of these simple experiments. I am mailing your letter to

†ORAL HYGIENE, August, 1928, page 1495.

Dr. R.
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Dr. R. P. McGee, editor of ORAL HYGIENE, and no doubt it will be published in an early issue.—V. C. Smedley.

EROSION

Q.—Male patient, age 39, splendid athletic type physique, normal health.

Almost perfect occlusion and articulation of the teeth with no caries, fillings or pathology of the oral tissue. Yet at the labio-gingivo and buccal-gingival areas there is a slight gum recession and a decided v-shaped cavity (erosion) on most of the teeth and so extensive on the uppers that they are beginning to get very sensitive to thermal changes.

The patient uses brush properly with a powder dentifrice and has the teeth cleaned regularly. No tests have been made of the saliva or other juices of the alimentary canal but health of patient would eliminate suspicion.

What is the cause and can further damage be offset other than by filling?

Case No. 2.—Woman, 42 years of age, presented a mouth for examination with white, round, slightly burrowed in, patches sometimes upon the tongue but more frequently upon the gums and cheeks. Patient apparently has good health with no indigestion and complains of this condition altogether in the spring and summer months.

While she does have two devitalized teeth and some missing, the nature and varied location of these ulcers would indicate that it might be of a systemic nature. She has noticed this since a young woman.

Could you give me the cause and a possible remedy?—G.D.S.

A.—Your case No. 1 is, as you say, one of erosion and the cause of erosion is, so far as I know, still in doubt. There have been theories of mechanical wear from cross brushing with stiff brushes and coarse powders, but it seems that that cannot be the only cause be-

cause it occurs in mouths where powders have not been used and where the vertical brushing has been adhered to conscientiously. So there must be biological factors entering into this condition and if it has not been determined what they may be the present method of treatment is, as you have indicated, viz., have the diet as nearly normal as possible and adjust all health conditions. Then when the erosion becomes too deep correct it with fillings.

Your case No. 2 seems to be one of ulcerative stomatitis and the fact that it is seasonal would lead me to suspect seasonal fruits or vegetables as the cause.

Protein poisoning has such a wide range that it would be necessary for the patient to go very carefully into the matter of any change in diet in the spring or summer months.

Strawberries, asparagus, apples, corn and many other things affect people in the manner in which you describe, therefore the logical thing to do would be to test out for these proteins by carefully noticing what she eats or by having a physician make the subdermal tests. The best local treatment, when the ulcerations occur, is a saturated solution of trichloracetic acid, applied with a cotton-wound toothpick, to the dried surface of the ulcers.—G. R. Warner.

WATCH YOUR IMPRESSIONS

Q. Have been having a lot of trouble lately with my plates. Not boasting, but I really do take good impressions and am very particular that they are good.

My mechanic, when he first came with me, tin-foiled his models. Then my troubles started. He stopped the foil and used cellophane. Our results were almost as bad as we had suction in about one out of three plates. Then I had him use collodion on his models with not much better results.

Is there any way we can clean

up our plates, get them really clean, after vulcanizing directly over the model?

Dr. Prothero used to warn me against using separating fluids which left a film. Something is raising hell with my plate business and I certainly would appreciate it if you could tell me what it is.—C.M.H.

A. With the care you describe on both your part and that of your mechanic, you really should not be having this difficulty.

Dr. Ewell Neill of Memphis, Tenn., is teaching an upper impression technique that has proven very satisfactory in many men's hands. If you have a chance to take one of his courses be sure to do so. He expects soon to have this technique published in book form, but at present it is not available in print.

You should not be having so much trouble with your present technique though, if you are sure that your impressions are accurate and your dentures are extended to secure the proper peripheral seal without undue displacement or distortion of tissue. A well balanced occlusion is frequently a greater factor in retention, or the continuance of retention than any other one factor.

We tin most of our models and are not conscious of its interfering with suction. Liquid silex on plaster models will leave a reasonably clean surface.

Cellophane leaves the smoothest glazed surface to the palatal surface of a plate but it also usually folds and leaves little creases that are somewhat objectionable. — V. C. Smedley.

SENSITIVE TEETH

I am much interested in the question submitted by E.R.I., page 1507 of the August issue of ORAL HYGIENE in regard to sensitive teeth,

for it recalls two cases that I have run across during the last two months. As in the case specified, both patients of mine suddenly discovered that their teeth were extremely sensitive at the cervical margin and I was at a loss to diagnose it properly.

In one case there was slight recession but the other was apparently normal. Both cases showed supposedly healthy gum tissue of a normal pink color. I took a culture and much to my amazement I found the Fusiform Bacillus and Spirillum of Vincent's Angina. This was indeed startling to me for there was no other symptom of the Vincent infection without it was the malaise that generally accompanies this.

I have felt that the thorough brushing of the teeth with a germicidal tooth paste would tend to keep the usual symptoms of Trench Mouth from appearing. I prescribed 2 per cent mercurochrome for the patients, allowing them to apply it themselves with a small camel's hair brush together with the usual directions we give in instances of Trench Mouth such as sodium perborate mouth wash and so forth with very good results.

I have heard that some investigator whose name I cannot recall has claimed that the Fusiform Bacillus and Spirillum are not specific to Vincent's infection but are often recovered from mouths apparently healthy. It strikes me that it is barely possible that these organisms may lie dormant for considerable time.

Anyway I do know that 2 per cent mercurochrome healed the first patient I spoke of, from a degree wherein I could not apply even warm solutions without pain, to a degree at which the man could easily stand the same solution being applied cold.

I would be much interested if Doctor E.R.I. finds his case the same as my two.—L.A.R.

Facts and Fancies Down in Dixie



By Eddie Kells

Sunshine and Shadows

SUNSHINE

THE sun certainly did shine brightly on that morning in February, 1878, the first day that I was a real Doctor of Dental Surgery, and what a whale of a Doctor of Dental Surgery I was destined to be—in my mind. Yes, life sure did look good to me in February, 1878.

I said to myself, "I'm going to work like the devil for twenty years, and then—Oh then I'm going to take it easy!" Fifty good long years ago it was that I held that conversation with myself, but I remember it as though it happened yesterday.

Well, when I came back from college to the good old Crescent City, and my father took me in *under his wings* as his assistant, I can certify to the fact that he entered into the spirit of my *working like the devil* and helped me out in my desire most wonderfully; and I'm glad that he did.

In time, the twenty years rolled 'round, and then what? I recalled the incident of that February morning, and then I engaged myself in another conversation: "I sure have worked like the devil for twenty years, but it looks as though I have merely gotten well started. I

see where I'll have to continue to work like his Satanic Majesty for at least another twenty years and I must set a faster pace, at that," and my *dream came true*—as the next twenty years proved.

And now the second twenty years had passed. Yes, the faster pace had been kept up those twenty years and more, and the front door bore the legend

DRS. KELLS, McAFFEE
AND VARNADO
Dentists

And then a *change came o'er my dream*.

One August morning in 1919 the sign painter got busy. For two times twenty years and one for "lagniappe" I really had worked *like the devil*, as I had originally hoped to do. Now for a let-up. With his handi-craft, the sign painter transferred me from the ordinary garden variety of a dentist into a full fledged specialist—did it over night, for now the legend ran:

DR. C. EDMUND KELLS
Dental X-Ray Diagnosis
Minor Oral Surgery

Wasn't that wonderful—to become a specialist over night? I should say it was. Now for the *easy life*. And then the SHADOWS

I saw the patients for whom I had labored so many years turn to their new dentists—strangers—and gosh! they liked them better than they did me! They didn't miss me at all. Can you beat that? Just perverse human nature! I gave them up and then didn't like it because they were pleased!

Of course I'm talking of the great majority. A few—very few—cried a little, these were girls, of course, or had been girls twenty or forty years before; some few of my old-time men patients really appeared to be sorry; but on the whole, it was a saddening sight!

And so, as I gazed at the new sign, and I certainly did miss my old faithful and congenial associates, and occasionally, when an old patient—one of those who hadn't forgotten me—would drop in to see me for a moment's chat, I'd think: *All is not gold that glitters after all.* Giving up general practice, your old friends, and your dental associates is not all that it is *cracked up* to be, I can tell you that.

DARKEST SHADOWS

Then one day a shadow of inky blackness closed in around me. My surgeon said, "It must come off," and it came off! Again the sign upon the door was changed. "MINOR ORAL SURGERY" was just rubbed off

the slate, and only "DENTAL X-RAY DIAGNOSIS" remained. Can you imagine it! How could a one-armed dentist accomplish anything at all? But the sign just had to go—heart-breaking as it was.

A RIFT IN THE CLOUDS

And then, wonderful to relate, came a rift in the clouds. I could do something after all. Gold foil fillings, plastic fillings, block the *inferior dental* and remove a third molar; cut out unerupted supernumerary teeth, suturing the flaps; gingivectomy—a flap operation, you know—and *things like that*. Yes, I really did do all that. What a relief!

Wasn't I glad that *a very few crazy folks* there were who would say, "I'd rather have you do this with one hand than anyone I know with two?" Crazy? Well I should say! But you see there is some use for crazy folks, after all.

Of course, I did not accomplish all this with one hand—that would have been impossible. Had it not been for my two well trained assistants—Miss Rose and Miss Irma—there would have been no rift in the clouds for me. With my one hand and their four deft ones we *get by* with all these things I was just telling about, and maybe you won't believe it, but not one of our patients has died on our hands—yet! And some came back a second time! Just think of that!

And then just consider what my friends have done for me to

widen this rift and let the heavenly golden sunshine in on my life. Letters—such letters—from friends from Maine to California and from lots of foreign countries as well.

Then again, just think of the home folks—the home folks—my devoted family and the "Boys" who have been so good to me. The Library founded by the "Boys" *at home*. Yes in-

deed, the clouds have been dispersed, the sun is again out in all its splendor. The world has been good to me.

Sunshine and shadows. The shadows make us appreciate the sunshine all the more. Shadows in one's life are what bring out in bold relief the loving qualities of our friends.

There must be shadows or the sunshine would pall.

Examination for Appointment to Dental Corps of U. S. Navy

A competitive examination for appointment to the Dental Corps of the United States Navy will begin December 3, 1928, at the U. S. Naval Medical School, Washington, D. C.

Candidates must be citizens of the United States, between 21 and 32 years of age at the time of appointment, and graduates of recognized dental schools.

The examination will be both theoretical and clinical and the usual duration is about seven days.

Application forms and a circular of information may be obtained from the Chief of the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

No allowance is made for the expense of applicants appearing for examination.

E. R. STITT,
Surgeon-General, U. S. Navy.

THE COVER

*From the original painting
by Judson Card*

Piquant and alluring, the secret of Rose-Marie's charm is more subtle than mere physical grace—rather, it is the compelling magnetism of radiant personality.

Mr. Card possesses the gifts of insight and portrayal, so that his paintings, aside from attractiveness of composition, glow with a living charm of personality. This is one of the best examples of his work, and again he justifies the eager tributes of his innumerable admirers.



W. LINFORD SMITH
Founder

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

The Carnegie Interference

Partly by good luck, partly by industry, partly by ability and in no way through education, Andrew Carnegie rose from roustabout in an iron foundry to considerable eminence in the steel business and a large, fat bank account.

Old Andy possessed sterling Scotch qualities which, with his financial success, should have been sufficient: but the peculiarity of the human economy is such that everyone—even the hard-boiled "hommes"—yearn for something that they do not possess. Carnegie yearned for the education that he did not have. I can sympathize with him because I have the education and yearn for the cash. However, Carnegie wished to make education possible for the workers.

Our would-be aristocracy of learning throws so many barriers in the way of knowledge that Carnegie, with his keen Scotch mind, realized that there were many—more than a mere majority—of would-be-students who did not have the early educational advantages and who were barred from study even though their worldly experience and observation had fully developed their minds to a sufficient degree for undergraduate work.

Andy tried to leave his money so that the poor, uneducated boy could get an education.

The administrators of the Carnegie foundation have so far forgotten the desires of the man who

Editorial Comment

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made them possible that they are now lending the force of Carnegie's legacy toward interference in dentistry with the idea of making it totally impossible for young men and women of moderate means to take a dental course and absolutely unthinkable for one who has not had a high school course and two years of college to even aspire to dentistry—no matter what his resources may be.

Dr. C. Edmund Kells in his review of Bulletin No. 19, Carnegie Foundation on Dental Education, published in the *Dental Cosmos* for January, 1928, made some very lucid and sensible remarks about the undesirability of dentistry as an organization being handed over body and soul to the keeping and direction of one Dr. Gies who ostensibly represents the Carnegie Foundation.

The only logical conclusion that I have been able to reach is that the Dental Educational Council led by Dr. Albert L. Midgley would seem to favor the leadership of Dr. Gies who is not a dentist.

Dr. Midgley publishes a reply to Dr. Kells in the *Journal of Dental Research*, a journal whose greatest attribute seems to be its freedom from any advertising matter—and its very limited circulation. This lily white journal scorns commercialism, it nestles under the wing of the Carnegie Foundation which, of course, must scorn its founder for he was both uneducated and commercial.

Anyway, Midgley, who with Eddie Kells and Otto U. King founded the American College of Dentists, now attacks our lamented friend, Kells, because Eddie voted to throw Dr. Gies out.

After reading Dr. Midgley's reply I am convinced that Kells was right, only he didn't go far enough.

Let us run dentistry as it *should* be run without outside interference.

It might also be remarked that Eddie Kells told me that he did not use the F.A.C.D. because he would not confer a degree upon himself. Dr. Kells was a very level headed dentist who was devoted to dentistry. There were few dental honors that he had not received. None that he did not deserve.

When Dr. Kells objected to the presence of an outsider in the innermost councils of his profession, his objection should receive the most careful consideration.

A Good Choice

Down in Virginia they raise a remarkable crop of men who are known the world over as Virginians. For many years most of our presidents came from Virginia and history whispers that the State has not been so slow when it came to military genius.

In these days of peace, prohibition, publicity, procrastination, promises and politics, it is pleasant to note the reappointment of Dr. Guy R. Harrison, a dentist, to the Virginia State Board of Health.

Dr. Harrison is a splendid representation both of Dentistry and of Virginia. He has made a splendid record as a Dentist, Oral Surgeon, Teacher, Soldier and Citizen.

Four successive Governors of Virginia have appointed him to the State Board of Health. The present appointment by Governor Byrd will last until 1937. We congratulate Virginia and Dr. Harrison.

“What You Should Know”

“What You Should Know About Health and Disease,”* by Howard W. Haggard, M.D., Asso-

*Harper and Brothers.

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iate Professor of Physiology, Yale University, is advertised as a "Health book for the layman which answers such important questions as to what determines the intelligence of children; the consideration of the common head cold; requirements for normal diet; the answer to high blood-pressure and hardened arteries; sex; obstetrics, etc."

The idea seems to be to explain medicine to the untrained mind. It is a sort of a glorified high school physiology that takes in a wide range of medical subjects that will well repay the casual reader who owns a good dictionary.

As dentists we are particularly interested in the section upon the mouth. On page 15 there is reproduced an ancient illustration of the upper dental arch and palate in which there is no tooth correctly shown. This old picture has frequently appeared in school physiologies and is without any exception the worst mouth picture ever produced. The lower jaw is not shown—fortunately.

On page 15 the author says, "When a man is angry he draws up his upper lip, and this snarl exposes the canine teeth, just as in the beasts which fight with their teeth." (English Department, Yale, kindly note.) This is quite an idea for the layman: it teaches him how to look when he wants to fight and also explains the reason for the use of the obsolete term "canine" for the *cuspid* tooth.

On page 17 we find that "A tooth is composed principally of dentine or ivory. A layer of hard enamel covers the dentine of the crown, while that of the roots is coated with cement which serves to join the tooth to the jawbone."

Now what do you think of that? According to the Associate Professor of Physiology at Yale University the roots of the teeth are cemented to the bone of the jaw.

Wouldn't it be a good idea for the Professor of

Physiology at Yale to instruct the Associate Professor in the mysteries of the periodental membrane? Or better yet, why not call in one or two of the very excellent dentists of New Haven to give some simple instruction.

On page 20 he states that "when pus collects under pressure the infection is spread," etc. The fact is that when pus collects under pressure there has been a reasonably successful effort upon the part of Nature to wall off that pus. The greatest spread of infection is in those cases where Nature has not walled off the infected area and where there is no pressure. The greatest spread of infection takes place in the *absence* of pressure.

On page 22: "Finally it must be remembered that a boy of twelve years is an adult so far as his teeth are concerned," another goose-egg upon your examination, professor!

The teeth of a boy of twelve years are a long way from adult development. At twelve years the second molars have just arrived in place. The cuspids are not yet fully settled in their permanent positions. The third molars have not yet erupted. The pulps of all of the teeth are yet very large and the apices of the roots with the exception of the incisors in some cases are not yet complete. A boy of twelve is a long way from complete development, dentally.

The book is worth reading but like all popular medical books, it is not sufficiently simplified for the lay reader and not sufficiently technical for the dental or medical readers.

This book is another proof that Yale needs a dental department.



Senator-Dentist

When Henrik Shipstead was elected United States Senator from Minnesota six years ago, we were proud that he, a dentist, had become a member of that august body.

We had confidence in his making a good average Senator. We hoped that he would be better than the average, but if any sane dentist had risen to state that at the end of his first term in the United States Senate, Dr. Henrik Shipstead would be the outstanding statesman of the American Congress, the man who made the statement would have been classed with the Oriental pipe-dreamers.

Yet today we as a profession have honor of claiming as one of our number, this statesman whose honesty, ability, integrity, clear vision and independent thinking combined with determined action is making America a better place in which to live.

ORAL HYGIENE is not a political journal.

ORAL HYGIENE is intensely American.

ORAL HYGIENE is intensely dental.

Here is a great American, a great representative of dentistry up for re-election to a great office.

Let us hope that every dentist will do his utmost in supporting Senator Shipstead both in his election and afterward.





Maybe You Can Help Don Herold

THIS month ORAL HYGIENE presents another Don Herold cartoon.

Just to see whether readers liked the feature we offered to send reproductions, for framing, of the first Herold cartoon which was printed in the July number.

Dentists in thirty-eight states sent for that picture. So we're going to continue the series as long as Mr. Herold can think up cartoons for us.

These cartoons are drawn for ORAL HYGIENE exclusively. They deal, each month, with some whimsical idea about dentistry—or dentists.

Nobody but Don Herold could draw cartoons like Don Herold draws. He gets his inspiration from the every-day facts of life. He possesses a delightfully human point of view and has the art of throwing into comic relief the foibles of life.



ORAL HYGIENE readers are most of them familiar with Don Herold's work for much bigger magazines—papers like *Life* and *Judge* and *Collier's*.

"Herold's wit is matchless and distinctive," says *Life*.

One of *Collier's* editors remarked recently that, "The first time I ever heard of Don Herold was one day when Oliver Herford came to me in a state of feverish

excitement and declared that Herold was the best humorist we had.

John Held, Jr., himself a famous cartoonist, paid tribute to Don: "I think your stuff is PERfectly PRICEless—I mean that you just TICKLE me SILLY—you make me LAUGH so much that I get all HOT and BOTTERED"—a tribute in the voice of Held's celebrated character "Margy."

So ORAL HYGIENE is proud



THE DOUBLE-END TOOTHBRUSH BRUSHES NEITHER TO BRUSH TWO CHILDREN AT ONCE

Dentists in 38 states sent for framing reproductions of this Don Herold cartoon which appeared in July ORAL HYGIENE.

to number Don Herold among the members of its contributing staff.

Maybe you have cartoon ideas yourself, but lack the ability to execute them. Whenever they occur to you—whenever you conceive a thought about dentistry or dentists which lends itself to cartoon interpretation, send the idea to ORAL HYGIENE, addressing the publication office at 1117 Wolfendale St., Pittsburgh, Pa.

Maybe Mr. Herold can use your idea. And if he does we'll send you the original drawing as a reward.

We won't promise to ac-

knowledge other contributions:

Readers who requested the reproduction in some cases saw an opportunity to use it in oral hygiene work.

Dr. E. W. Kuehn of Wabasha, Minn., believed it "would impress young patients with the necessity for keeping the teeth clean." Dr. H. D. Cooperman, of New York City, thought "it might teach some mothers a necessary lesson." Dr. Guy E. Pigford of Wilmington, N. C., intended to use the cartoon in his clinic work for children. Dr. E. L. Pettibone, of Cleveland, requested a reproduction for bulletin-board use.

Senator Shipstead

By Edward Shumpik, D.D.S.,
Minneapolis, Minn.

SENATOR HENRIK SHIPSTEAD was born on a farm in the township of Burbank, Kandiyohi County, Minn., on January 8th, 1881. His parents had come to the States in 1865 from Norway, bringing with them the sturdy, fearless heritage of their Viking ancestors. Simple, hard-working, God-fearing people were they, asking no more of life than they gave.

Little did they know that their son Henrik was destined to become a leader of their newly adopted country's affairs and that his name would be known nationally and internationally as the champion of the causes of the people.

Young Henrik had to work hard day and night to help feed and clothe his eleven brothers and sisters. Night found him fatigued with his hard day's labor, but he was never too tired to utilize the long country evenings reading the few books he was fortunate enough to buy or borrow. Like the great Lincoln, Henrik Shipstead may well be called the Lincoln of the twentieth century; he carried his books with him when he plowed the fields and read them while the horses rested.

Gradually there developed in this young American Viking a

strong body, a keen intellect and a sound judgment—the foundation of his career in the future.

Young Shipstead loved a good argument and took delight in debating with his friends. This may have caused some chagrin among his defeated young friends, but his mother took great pride in his accomplishments and often referred to him as "my young statesman." It is to be regretted that she did not live to see him reach the heights of her prediction.

Henrik graduated from Northwestern University Dental School in 1903.

He served as a member of the charter commission of Glenwood, Minn., was mayor for one term, and served as a member of the state legislature of Minnesota during the 1917 session.

In 1922 he was elected to the United States Senate, the beginning of a career which was to stamp him as one of the outstanding men in the public affairs of his time. Senator Shipstead pledged the best that was in him to be of service to the State of Minnesota and the United States of America.

Whether or not he fulfilled his pledge is best answered by referring to his record. He se-



Senator Henrick Shipstead

cured the passage of an amendment to the Revenue Bill exempting farm co-operatives from stamp tax, thereby saving farm co-operatives \$3,500,000; he strove constantly for farm relief of the McNary-Haugen type, and had the distinction of having his farm tariff bill adopted by the Republican party in its 1928 platform.

He introduced a bill limiting the scope of equity court jurisdiction in labor disputes. In April, 1928, Senator Shipstead startled the industrial and labor world by showing that there was a total of over eight million unemployed in the country.

When others had given up as a bad job the passage of the upper Mississippi Barge Line

bill, Shipstead continued the fight and just when things looked darkest for the proponents of the bill, succeeded in securing its passage. The benefits of this bill to Minnesota and the Northwest are unlimited.

Impatient at the repeated delays, he spurred on the initiation of the St. Lawrence Waterway Project. His proposal for the founding of an international forest for Northern Minnesota resulted in the authorization of Senatorial investigation of the project.

His success in obtaining postponement of the effectuation of the National Origins Clause of the Immigration Act prevented the enforcement of legislation which would have seriously curtailed Scandinavian, German and Gaelic immigration.

By forcing the reduction of government interest rates over the opposition of the Secretary of the Treasury, he benefitted borrowers everywhere in the nation. Of this latter piece of legislation the New York *American* states that Senator Shipstead is already one of the best informed men in the Senate on public finance.

It is small wonder that the St. Paul *Pioneer-Press* of January 6, 1927, states of the Senator that "when Shipstead wants something done leaders at the Capitol are quick to respond." The same thing can be said of the Executive end of Pennsylvania Avenue. Upon taking his seat in the Senate, Senator Ship-

stead was appointed a member of the committee on Foreign Relations, which considers and decides our affairs with foreign nations. This deals with many problems, the chief among which is the question of war and peace.

The Foreign Relations Committee is looked upon as the prize committee of the Senate, and the late Senator Lodge said that Minnesota was the first State during his service of thirty years in the Senate to be represented upon that Committee by a Senator serving his first session in the Senate.

He was also appointed a member of the Pensions Committee in which committee he had the opportunity of helping to shape legislation for service men and their widows. He was given an assignment on the Public Buildings and Grounds Committee which handles the public building program for the nation.

Later he was made a member of the Committee on Agriculture. This committee considers and recommends to the Senate bills affecting the great agricultural industry. He was made a member of the Committee on Patents and during the last session was made Chairman of the Senate on Printing and automatically became a member of the Joint Committee on Printing.

This latter committee is a quasi-judicial tribunal created by Congress which acts as

Board of Directors of the Government Printing Office.

The Senator is now a member of more committees than any other member of the Senate or House, he holding seven appointments, while the largest number any other Senator or Congressman holds is six.

Last winter one of the large newspaper syndicates sent the world-famous biographer, Emil Ludwig, to Washington to search for men of outstanding ability, character, and personality.

Among the eight who attracted the attention of this noted German biographer was the Senior Senator from Minnesota.

In his impressions Dr. Ludwig states in part:

"Shipstead, the fine son of Norway, is not so radical as people think. In Europe no one would call him that. He is only

independent, sincere and clear-headed. He would like to go back to the old political methods. Just as a Quaker runs away from the confusion of the commentary and takes refuge in the gospel."

Shipstead is an enemy of all kinds of Pharisees, and therefore he is not greatly loved. Without being a demagogue, he could accomplish a great as a tribune, for there is something constrictive in him and his thoughts about revolution, through knowledge, displacing political revolution stamp him as an original thinker. In a crisis men of his sort take the lead, almost over night.

Dr. Shipstead moved to Minneapolis in 1920. He was elected United States Senator November 7th, 1922, receiving 325,372 votes, defeating F. B. Kellogg who received 241,833 votes.

Evening School for Hygienists

The Atlanta School of Oral Hygiene held its first session Wednesday evening, October 3rd, in their specially equipped quarters on the sixth floor of the Atlanta National Bank Building.

This is a state chartered institution, the first independent school in the South which teaches young women to become dental hygienists, and the only one in the United States which presents its lectures in the evenings, enabling its students to hold a position during the day.

The school maintains an entrance education qualification of a high school diploma. The time required for the work is nine months of training by lecture and clinical work.

The institution has class rooms, operating rooms, and also ample portable equipment which is to be carried to charitable institutions and schools for clinical work.

The faculty consists of three dentists and three dental hygienists. Dr. Robin Adair is Director.

“DEAR ORAL HYGIENE:”

A French Protest

As President of the Federation Dentaire Nationale Francaise I have been asked to protest against an article that appeared in the December 1927 number of the ORAL HYGIENE under the signature of Captain George Cecil.

The Executive Committee of the Federation Dentaire Nationale Francaise has been disagreeably surprised by this article in which it is stated that as an alternative one can have recourse to a French dentist when it is impossible to get an immediate appointment with an American or Canadian one.

This article contains opinions which tend to diminish the professional standing of French practitioners and certain are decidedly vexing. The author indicates a single case and proceeds to draw general conclusions from an isolated example. This method of deduction indicates a decidedly narrow outlook and reminds one of the traveler who, having seen a fair-haired woman on the landing stage at Boulogne, declared on returning to his own country that all French women were blonde.

The incapable practitioner is not the monopoly of any one country and it is not the discovery of one such that can authorize or justify a judgment on the whole profession in that country. It has been generally recognized and the International Dental Congress held in 1900 declared that there no longer existed any national superiority in dentistry but only a superiority of individuals.

How much more comforting, more rational are the following lines published in *The Journal of the American Dental Association*, October, 1926:

No more shall we hear of national dentistry after this, no more of the provincialism of our profession. For the nethermost depths of the earth

wherever dentistry is practised, our calling must henceforth be known as a “unit.”

It is not accurate or just, on the other hand, to leave the impression that local anesthesia is unknown in France, where it was discovered and in general use twenty years before its introduction to the United States.

Leaving aside the inaccuracy and bigotry of your contributor there is a question much more important for your readers and which would be submitted to.

The author suggested to your readers that there is an immediate and easy situation for an English-speaking dentist in Paris. Confident in this statement, American practitioners might be tempted to come to France only to find on their arrival that the exercise of the dental profession is no more free for them in France than for a foreigner in the United States.

They would be submitted to the examination required for registration before any allowance or exemption be granted them by the Government on the duration of dental studies in a French university and they would have to pass besides all the dental examinations determined by the law.

I appeal to your spirit of impartiality and loyalty to give the same publicity to this letter that you gave to the article of Captain George Cecil.—GEO. VILLAIN, President de la Federation Dentaire Nationale Francaise, 45, rue de la Tour d'Auvergne, 45, Paris.

“P. O. P. Again”

There is a popular song that mentions “The Best Things in Life are Free.” This song can only refer to one thing—ORAL HYGIENE. The March number is without a doubt the finest and most interesting piece of dental literature that has ever found its way to my desk. May I

HERE'S A NEW DEPARTMENT

For years **ORAL HYGIENE** has printed letters from readers. But many which should have been published have never appeared or have been printed so long after they were written that much of their timeliness has been lost. Long letters have presented no problem; we've handled each, mechanically, as an article is handled. But there has been no place to print short letters other than in the space available when the last page of an article does not quite fill out. Many a letter, set up for such use, has never appeared because Fate didn't give us just the right space to fit it in. The new department will solve this little problem. In this first appearance of it, some old letters appear and **ORAL HYGIENE** apologizes to their authors for delaying publication.

suggest that Walt Mason's "At the Dentist's" be reprinted on cardboard suitable for framing and sold to the profession. I'm sure it would find a ready market.

In answer to Dr. Goldberg's article "P.O.P."—alcohol and glycerine as a sterilizing fluid for syringes was recommended to me in my student days. Upon entering practice I used it—for a while! The almost immediate evaporation of alcohol leaves a residue of glycerine over everything that eventually turns gummy and black in spite of my most arduous efforts to wipe instruments dry. Further, to pass a needle through a flame unless it is platinum is inviting disaster. If it is platinum, there is no need to use a solution, just flame the needle and it is sterile. As for the syringe's sterility: soap and water for the outside, and sterile, boiled anesthetic for the inside, and you have a perfect chain of asepsis.

The magical elimination of P.O.P. (post-operative pain) by Dr. Goldberg refutes Dr. Kell's statement concerning Dr. Winter and Houdini being in a class by themselves—and that class being closed—Dr. Goldberg is absolutely eligible to membership.

I have found that a bone file and a pair of rongeurs go a long way towards alleviating P.O.P. (or I should have said—"preventing"); parathesia and eugenol in a stiff paste make a good dressing that need not be removed—flushing the socket with a pot. permanganate solution is helpful—allonol has done wonders; but I reiterate: Dr. Goldberg is to be envied. Yet to my mind, for a very busy dentist (or any other dentist for that matter) to have no P.O.P. cases is as probable as getting 13 spades in a bridge game—twice in one evening.—V. G. DOSTROW, D.D.S., Philadelphia, Pa.

Insurance Companies' Neglect

Allow me to second your editorial of this month [April 1928] in which you state: "a patient for insurance is not completely examined until the mouth is inspected by a competent dentist."

This is an excellent idea much neglected by insurance companies for I have myself inquired about it and find three large companies of our city without a dentist. These companies make the claim that their

physicians attend to the oral part as well, but many of us know the haste with which such examinations are dispatched. An oral examination by a dentist should repay itself in many ways. There is hardly a hospital today which does not have a competent dentist upon its staff to guard against what might be a definite case of dental foci.—S. H. SILVERMAN, D.M.D., Bronx, N. Y.

Eddie Kells' Golden Pen

On page 1289—ORAL HYGIENE for July 1928—you say:

“Eddie Kells is dead. His pen gathers rust.”

Do you not know that a pen of such fine gold as this cannot rust—that it is as pure and clean and as bright today, and ever will be, as it was when wielded by that most lovable personality?

When did it ever display any trace of an alloy—in any form or fashion—any evidence of insincerity; envy, malice or illwill; any lack of courage to say what was thought to be right and proper?

When did it ever show any but the most devoted regard for the profession and for those of whom it is composed?

If ever a pen was tried in the fiery furnace, was not his tried during the last several years; when he must have, day and night, lived in constant dread and fear of that dark hour that did finally come?

No, the pen of C. Edmund Kells has not gathered rust; and it never will gather rust; but will ever shine as a beacon to us weaker mortals; leading us on to higher, purer and more noble efforts, that when our time does come we may follow his footsteps with a feeling that our lives have not altogether been in vain.—TRIM HOUSTON, D.D.S.

Holes

Quite a time since I last had the pleasure of writing to you.

The subject is golf among the dentists. This season we inaugurated a Hole-in-One competition, offering the successful dentists a large box of cement as a prize. Today the record stands as given on the enclosed sheet, and as the time limit was August 31st, I don't imagine there will be any additions.

The most remarkable of this record of remarkable strokes is that of Dr. J. Stewart Ritchie of Port Arthur, Ont., who not only made the longest hole *but is a southpaw*. I don't think that any left-handed player has ever made such a stroke before.

You may note also the peculiarity of location—all of these Hole-in-*Oners* are Westerners, although none of them are on the Coast; none from the East or South. This cannot be attributed to unequal distribution of our announcement as it went into the hands of dentists in all parts of the country.

I think this may prove to be an item of interest to ORAL HYGIENE readers and you are welcome to use it any way you want to.—WM. TAYLOR, New York City.

Dr. Edward Drosen, Milwaukee, 119 yards, May 28, 1928.

Dr. Perry L. Smith, DeKalb, Ills., 116 yards, May 28, 1928.

Dr. K. V. Smith, Red Wing, Minn., 145 yards, June 23, 1928.

Dr. A. C. Sawicki, Fordson, Mich., 135 yards, July 2, 1928.

Dr. T. B. Ramsey, Lexington, Mo., 141 yards, July 8, 1928.

Dr. Otto Isaak, Tyndall, S. D., 127 yards, Aug. 9, 1928.

Dr. A. I. Schumacher, Jewell City, Kas., 231 yards, Aug. 10, 1928.

Dr. Francis J. McKenna, Omaha, Neb., 120 yards, Aug. 14, 1928.

Dr. J. Stewart Ritchie, Port Arthur, Ont., 245 yards, Aug. 3, 1928.

[When I first read Mr. Taylor's letter I thought he meant that the “hole-in-one” was a cavity filled with cement in one try—Taylor being a Scotsman; but what Scotsman ever allowed business to interfere with golf? It was a real contest and that man Ritchie, from Ontario, should get an extra prize.—Editor ORAL HYGIENE.]

Dr. Rhein



THE advancement of dentistry in the last forty years is intimately associated with the accomplishments of the late M. L. Rhein of New York.

Dr. Rhein appreciated the close connection between dentistry and medicine and was a graduate of both schools. He was well known in the higher scientific dental groups of Europe and in America it was not necessary to add "New York" to the name of M. L. Rhein: everybody knew who he was and where he was from.

He was a close second to Dr. Kells in pioneering the dental x-rays.

Dr. Rhein was one of the foremost students of the problems of the pulpless tooth. His researches and his opinions are widely accepted as standard.

As a writer upon dental subjects, he was welcomed by all editors. As a controversialist he would always draw large audiences. Dr. Rhein's opinions were very positive and he enjoyed a debate as most men a race.

As a man and a scientist he will long be remembered by his profession and by his unusually numerous patients and friends.

—R.P.M.



Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

Officer (to man pacing sidewalk at three a. m.)—"What are you doing here?"

Gentleman—"I forgot my key, officer, and I'm waiting for my children to come home and let me in."

She—"Where do gold fish get their color?"

He—"That's easy. If they put you in a big glass bowl without a bathing suit you'd turn pink too."

"I shall never marry," Reginald declared, "until I meet a woman who is my direct opposite."

"Well, Reggie," said Mabel, "there are a number of intelligent girls in this neighborhood."

Willie (observing leopard at zoo): "Mother, is that the dotted lion the insurance man was telling you about, when he loaned his fountain pen to you?"

A tobacconist's shop in Glasgow recently had a hard job keeping the crowd from rushing into the burning structure, the better to inhale the free smoke.

Former Maid—"You described me as a thief to my new mistress. I cannot find words to express my indignation."

"And we can't find four pairs of stockings and six tablecloths."

"My wife explored my pockets last night."

"What did she get?"

"About the same as any other ex-

plorer—enough material for a lecture."

"We've had the best time playing postman," exclaimed the small hopeful of the family. "We gave a letter to every lady in the block."

"But where did you get the letters, dear?"

"Oh, we found 'em in your trunk in the attic, all tied up with a blue ribbon."

"Why do you think Cæsar was killed by a woman?"

"Oh, when he was stabbed he cried out, 'You brutess.'"

Traffic Officer (reproachfully): "Young lady, do you know anything about the traffic laws of this city?"

Fair Motorist: "Yes, a little. Can I help you?"

Parker advertises a pen that never goes on a vacation. Now if we can only get some umbrella manufacturer lined up on this basis!

Mrs. Brown: "My husband is one of the most generous of men."

Mrs. Hobbs: "That's nice."

"Yes, I gave him a box of cigars for his birthday, and he's given them all away to his friends. He hasn't smoked a single one himself."

Ruth: "I'll give Reginald credit for getting me a nice engagement ring."

Ruby: "I expect that's what the jeweler gave him, too."